
South Carolina Department of Disabilities and Special Needs

REQUEST FOR PROPOSALS

**Projects for Innovative Autism Services
State Fiscal Year 2016**

- I. The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in S. C. Code Ann. § 44-20-240, has authority over all the state's services and programs for South Carolinians with intellectual disabilities and related disabilities, including Autism Spectrum Disorder. The Appropriation Act for Fiscal Year 2015-2016 included an appropriation of \$1,000,000 in onetime funds to DDSN for Autism Services. DDSN is now seeking proposals for projects focusing on increasing the network of Autism Spectrum Disorder (ASD) service providers and the development of curative medical research treatments:
- Through increasing the number of credentialed Board Certified Behavior Analysts (BCBAs), Board Certified Assistant Behavior Analysts (BCaBA) or Registered Behavioral Technicians (RBTs)
 - Through supervision of Board Certified Behavior Analysts (BCBAs), Board Certified Assistant Behavior Analysts (BCaBA) or Registered Behavioral Technicians (RBTs)
 - Through training of Board Certified Behavior Analysts (BCBAs), Board Certified Assistant Behavior Analysts (BCaBA) or Registered Behavioral Technicians (RBTs)
 - Through training BCBAs and BCaBAs to utilize nationally recognized assessment tools (specific tools are listed in the Project Narrative under Type of Project)
 - Through increasing the number of individuals served by BCBA, BCaBA, and RBT service providers in identified underserved or rural areas (targeted areas are listed in the Project Narrative under Type of Project)
 - Through development of curative medical treatments for ASD
- II. Up to \$200,000 may be requested. This onetime funding is limited and may supplement but not supplant existing services or programs. In consideration of limited funding, the number of responses for the FY 2015 request for proposals and intent to more widely provide additional services, the FY 2016 award cycle will include prioritization of projects/applicant entities not previously awarded FY 2015 Innovative Autism Services funding. If training proposals include online training, a hybrid format must be utilized to include only the delivery of content through the online portion of the course. Proposals will be evaluated by DDSN staff to determine suitability for funding. Applications will be rated among applications of similar type/scope and funding level. See the attached project application for the proposal evaluation tool. DDSN will subsequently execute a contract with the selected entities. Funding is onetime and projects must be completed by December 31, 2016. A final report of completed activities and expenditures must be submitted within 30 days from this date. A mid-year budget/project update will be due June 30, 2016.

A project application may be submitted any time before November 16, 2015. Submission by Fax or E-mail is not allowed. The original application and (2) copies must be mailed or delivered to:

Susan Kreh Beck, Ed.S., L.P.E.S.,N.C.S.P.
Associate State Director-Policy
SC Department of Disabilities and Special Needs
3440 Harden Street Extension
Post Office Box 4706
Columbia, South Carolina 29240

For questions concerning this RFP, contact Mrs. Beck at (803) 898-9756 or sbeck@ddsn.sc.gov.

South Carolina Department of Disabilities and Special Needs

**Projects for Innovative Autism Services
State Fiscal Year 2016**

Project Application

Applicant Agency/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Federal or Tax Identification Number: _____

Total Funds Requested from DDSN: _____

Project Coordinator: _____
Name and Title

Telephone: _____ FAX: _____ E-Mail: _____

Supervisor of Project Coordinator: _____
Name and Title

Telephone: _____ FAX: _____ E-Mail: _____

Fiscal Administrator: _____
Name and Title

Telephone: _____ FAX: _____ E-Mail: _____

South Carolina Department of Disabilities and Special Needs

**Projects for Innovative Autism Services
State Fiscal Year 2016**

Project Narrative

Type of Project

- ☐ Increase number of credentialed service providers – BCBA, BCaBA, RBT
- ☐ Increase service provider supervision – BCBA, BCaBA, RBT
- ☐ Increase service provider training – BCBA, BCaBA, RBT
- ☐ Increase service provider skills in utilizing identified Assessment Tools
- Vineland Adaptive Behavior Scale
 - Assessment of Basic Language and Learning Skills (ABLLS)
 - Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)
 - Expressive Vocabulary Test 2 (EVT-2)
 - Peabody Picture Vocabulary Test 4 (PPVT-4)
- ☐ Increase number of individuals served in identified underserved or rural areas
Abbeville, McCormick, Edgefield, Saluda, Newberry, Fairfield, Aiken, Kershaw, Chesterfield,
Marlboro, Darlington, Lee, Sumter, Barnwell, Bamberg, Clarendon, Williamsburg
- ☐ Development of curative medical treatments for ASD.

Proposed Project Description

1. Project Goal: Broad statement of purpose of the proposed project

2. Objectives: Discreet objectives to address the project goal

3. Approach: Strategies and activities to accomplish each objective

Project Implementation Plan

Complete the form provided as Appendix A for each objective listed above.

Specific activities to accomplish each objective must include responsible person(s), target dates, and a measure of documentation/evaluation.

Please provide details regarding planned project sustainability after the FY 2016 award period ends.

South Carolina Department of Disabilities and Special Needs

Projects for Innovative Autism Services
State Fiscal Year 2016

Project Budget

Estimated Expenditures	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenditures	\$
Total Funds Requested from DDSN	\$
Budget Justification (Attach a separate page explaining each proposed expenditure)	

South Carolina Department of Disabilities and Special Needs

Projects for Innovative Autism Services
State Fiscal Year 2016

Project Certification

Entity Official Authorizing this Application: _____

Signature of ED/CEO/Chief
Administrator/Designee

Name and Title (Typed or Printed)

Date

APPENDIX A

South Carolina Department of Disabilities and Special Needs

**Projects for Innovative Autism Services
State Fiscal Year 2016**

Project Implementation Plan

Complete a separate form for each objective included in the proposed project description.

Objective: _____

	ACTIVITY	PERSON RESPONSIBLE	TARGET DATE	DOCUMENTATION METHOD